

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

March 2, 2018

Mr. Jay Grimes, Manager Meadows At East Mountain 157 Heritage Hill Place Rutland, VT 05701-8811

Dear Mr. Grimes:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 12, 2018**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN Licensing Chief

mlaMCotaPN



Division of	of Licensing and Pr	otection				
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
κ,					C	
		1002	B. WING		02/12/2018	
NAME OF P	ROVIDER OR SUPPLIER		SHALL SOLA SAN SAN	TATE, ZIP CODE		
MEADON	S AT EAST MOUNT	AIN	TAGE HILL P	LACE	7	
MILADOT	TO AT EAST MOST	RUTLANI	O, VT 05701			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORRECT		
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLIANCE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE			
TAG	NECODATORT OR	EDG IDENTIF PINO IN GIAMATION	INO	DEFICIENCY)		
-3-0-19-1			1			
R100	Initial Comments:		R100			
9 8		We will be a second and		R247 Corrective Act	on Plan	
		on-site complaint survey was				
		Vermont Division of Licensing		All items noted to be	dated .	
i		2/12/18. The following ns were identified.		beyond an acceptable date have		
	regulatory violation	ils were identified.		been disposed.		
D0.47	AN AUTOTON A	NE FOOD SERVICES	R247	been disposed.		
SS=E	VII. NOTRITION A	AND FOOD SERVICES	10247		1 1 1 1 1	
00-E				A new policy has bee	n developed	
	7.2 Food Safety a	nd Sanitation		to insure compliance	with this	
	7.2 Food Odicty d	no ournation		regulation. Staff will b	e educated	
	7.2.b All perishab	le food and drink shall be		to insure their unders	tanding of	
	labeled, dated and	d held at proper temperatures:		this policy.		
	(1) At or below 40	0 degrees Fahrenheit. (2) At or	-	tilla policy.		
		es Fahrenheit when served or		I and of food of	oraga will	
	heated prior to service.			Inspections of food storage will		
	This DECUMPENA	CNIT is not mot as ovidenced		be increased to week	dy	
	This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the			inspections. Theses inspections		
				will be completed by the		
facility failed to assure that all dietary staff were			Executive Director.			
	trained in appropr	riate food service labeling and		ZXOGALITO		
	dating practices.	This practice had the potential to	0	These inspections w	ll he	
	affect all resident	s in the facility. Findings include		These inspections w	tho	
				completed weekly by	ulo designació	
		in the kitchen on 12/12/18 at		Executive Director or	designee ii	
		ber of perishable foods were led without an obvious		not available. These	inspections	
		re in accordance with safe food		will take place weekl	y for a year.	
		s. Several foods including		* * * * * * * * * * * * * * * * * * *		
		es, raw scrambled eggs,	• 1	Any items found to b	e labeled	
		ooked bacon bits, cooked millet		incorrectly, or out of	date will be	
		arrots were dated 2/20/18 on				
		ng did not coincide with the	i	discarded immediate	iy.	
		ctice. During interview, the FSD		R-247 POCALUPTED Mr Bolton EU	3/11/8	
31		hable foods are good for 5 days prepared." Foods dated 2/20/18		16-24 Pocatupice	Ic Ponin Pil	
		dance with this procedure.	,	m. Bolten eu	12, Damillo	
-		aragus was labeled as pasta and	1		6	
		ne FSD was asked for a copy of				

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

395011

If continuation sheet 1 of 2

MAME OF PROVIDER OR SUPPLIER MEADOWS AT EAST MOUNTAIN SUMMARY STATEMENT OF DETICIENCE RUTLAND, VT 05701 PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSG DENTIFYING IMPORMATION) REGULATORY OR LSG DENTIFYING IMPORMATION) R247 Continued From page 1 the Food Dating and Labeling Policy and the FSD was unable to locate a policy. The incorrect food dating and labeling issues were confirmed at the time of the observations. R253 VII. NUTRITION AND FOOD SERVICES R35S=E 7.3 Food Storage and Equipment 7.3.c. All food service equipment shall be kept clean and maintained according to manufacturer's guidelines This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to assure that all food service equipment was kept clean on a daily basis. This finding had the potential to affect all residents of the facility. Findings include: Per observations of the facility kitchen on 2/12/18 at 10:30 AM, the area of the inner stove top hood system was soiled with a build up of clusters of greasy debris and dust. This was confirmed with the FSD at the time of the observation. She stated that the hood system cleaning schedule was currently done 2 times annually by a contracted service. The FSD agreed that this schedule did not prevent the build up of dirt and dust observed.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1002		- (X2) MULTIPLE CONSTRUCTION A. BUILDING: B, WING		(X3) DATE SURVEY COMPLETED C 02/12/2018		
### ACAST MOUNTAIN 157 HERITAGE HILL PLACE RUTLAND, VT 05701 157 HERITAGE HILL PACE RUTLAND, VT 05701 157	Anna ann an						
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Division of Licensing and Protection (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING 1002 02/12/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 157 HERITAGE HILL PLACE MEADOWS AT EAST MOUNTAIN RUTLAND, VT 05701 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R247 Continued From page 1 R247 the Food Dating and Labeling Policy and the FSD was unable to locate a policy. The incorrect food This plan has already been dating and labeling issues were confirmed at the implemented and will be on time of the observations. going. R253 VII. NUTRITION AND FOOD SERVICES R253 Completion date of 8 3/15/18. SS=E 7.3 Food Storage and Equipment 7.3.c All food service equipment shall be kept clean and maintained according to manufacturer's guidelines This REQUIREMENT is not met as evidenced Based on observation and staff interview, the facility failed to assure that all food service equipment was kept clean on a daily basis. This finding had the potential to affect all residents of the facility. Findings include: Per observations of the facility kitchen on 2/12/18 at 10:30 AM, the area of the inner stove top hood system was soiled with a build up of clusters of greasy debris and dust. This was confirmed with the FSD at the time of the observation. S/he stated that the hood system cleaning schedule was currently done 2 times annually by a contracted service. The FSD agreed that this schedule did not prevent the build up of dirt and dust observed.